DOTD 03-18-3024 7/79

STATE OF LOUISIANA DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

DISTRICT NO.____

Passenger Injury Report (Ferry)

Name and type of vessel					Equipment number	
Name of Contain		Δ 21.2	I I I ann a Andreasa		Dhana awahan	
Name of Captain		Age	Home Address		Phone number	
Date of accident	Hour		Where accident oc	curred	() -	
Date of accident	riodi		Where accident oc	curred		
Name of injured passenger		Address		Phone number		
					() -	
Nature of injuries						
Where was the injured taken and by whon			nom		Direction	
Weather at time of accident		Was deck of vessel wet or dry		Speed		
WITNESS and/or DECK HANDS						
Name		Address		Phone number		
					() -	
Name		Address		Phone number		
					() -	
Name		Address		Phone number		
Captains statements of how accident o			courred		() -	
Capitalits statements of now accident occurred						
Signature of Captain				Signature of Port Cap	otain	